

**FLAG LEGEND:**

UNMET	MET	ONGOING
R	G	Y

ROP #	Criteria	Flag	High Priority	Remarks
5.2	Team members, clients and families, and volunteers are engaged when developing the multi-faceted approach for IPC.	R		
1.3	The resources needed to support the IPC program are regularly reviewed.	Y		
2.3	There is access to a qualified IPC physician to provide input to the IPC team.	Y		
2.4	There is an interdisciplinary committee to provide guidance about the IPC program.	Y		
2.5	The interdisciplinary committee regularly evaluates the program's structure and functions and makes improvements as needed.	Y		
2.6	The IPC team is consulted when planning and designing the physical environment, including planning for construction and renovations.	Y	Yes	
2.7	Input is gathered from the IPC, and the OHS teams to maintain optimal environmental conditions within the organization.	Y		

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2.9	Input is gathered from the IPC team to maintain processes for selecting and handling medical devices/equipment.	Y	Yes	
4.6	Compliance with IPC policies and procedures is monitored and improvements are made to the policies and procedures based on the results.	Y		
5.1	A multi-faceted approach to promoting IPC is used within the organization.	Y	Yes	
5.3	The multi-faceted approach to IPC includes an education program tailored to IPC priorities, services, and client populations.	Y	Yes	
5.5	Team members and volunteers are required to attend the IPC education program at orientation and on a regular basis based on their IPC roles and responsibilities.	Y	Yes	
5.6	The effectiveness of the multi-faceted approach for promoting IPC is evaluated regularly and improvements are made as needed.	Y		
6.1	Clients, families, and visitors are provided with information about routine practices and additional precautions as appropriate, and in a format that is easy to understand.	Y	Yes	
9.5	Compliance with policies and procedures for cleaning and disinfecting the physical environment is regularly	Y		

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	evaluated, with input from clients and families, and improvements are made as needed.			
9.6	When cleaning services are contracted to external providers, a contract is established and maintained with each provider that requires consistent levels of quality and adherence to accepted standards of practice.	Y		
9.7	When cleaning services are contracted to external providers, the quality of the services provided is regularly monitored.	Y		
13.6	Information is communicated about outbreaks to clients, families, team members, partners, other organizations, and the community when appropriate.	Y		
13.7	Policies and procedures are regularly reviewed and improvements are made as needed following each outbreak.	Y		
14.1	There is a quality improvement plan for the IPC program.	Y	Yes	
14.3	Input is gathered from team members, volunteers, and clients and families on components of the IPC program.	Y		
14.4	The information collected about the IPC program is used to identify successes and opportunities for improvement, and to make improvements in a timely way.	Y		

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14.5	Results of evaluations are shared with team members, volunteers, clients, and families.	Y		
1.1	IPC program components are regularly reviewed based on a risk assessment and organizational priorities.	G	Yes	
1.2	Evidence and best practices in IPC are reviewed when planning and developing the IPC program.	G		
2.1	There is an IPC team responsible for planning, developing, implementing and evaluating the IPC program.	G	Yes	
2.2	There are one or more qualified IPC professionals as part of the IPC team.	G		
2.8	Environmental services and the IPC team are involved in maintaining processes for laundry services and waste management.	G	Yes	
2.10	Applicable standards for food safety are followed to prevent food-borne illnesses.	G	Yes	
2.11	Input is gathered from the IPC team when planning for pandemics at the organizational level.	G		
3.1	The organization partners with organizations across the continuum of care to implement IPC activities.	G		

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3.2	Trends in health care-associated infections and significant findings are shared with other organizations, public health agencies, clients and families, and the community.	G		
4.1	A risk assessment is completed to identify high-risk activities, and the activities are addressed in policies and procedures.	G	Yes	
4.2	There are policies and procedures that are in line with applicable regulations, evidence and best practices, and organizational priorities.	G	Yes	
4.3	There are policies and procedures for using aseptic techniques when preparing, handling, and administering sterile substances both within the preparation area and at the point of care.	G	Yes	
4.4	There are policies and procedures for loaned, shared, consigned, and leased medical devices.	G	Yes	
4.5	Team members and volunteers are provided with access to IPC policies and procedures.	G	Yes	
4.7	IPC policies and procedures are updated regularly based on changes to applicable regulations, evidence, and best practices.	G	Yes	

ROP #	Criteria	Flag	High Priority	Remarks
5.4	Information on how to safely perform high-risk activities is provided, including appropriately using PPE as outlined in its policies and procedures.	G	Yes	
6.2	Client, families, and visitors are provided with access to hand hygiene resources and PPE based on the risk of transmitting microorganisms.	G	Yes	
6.3	Clients are screened to determine whether additional precautions are required based on the risk of infection.	G	Yes	
7.1	There are OHS policies and procedures to reduce the risk of transmitting microorganisms among team members, and clients.	G	Yes	
7.2	An immunization policy is developed or adopted to screen and offer vaccinations to team members.	G	Yes	
7.3	There are policies and procedures for using PPE that are appropriate to the task.	G	Yes	
7.4	There are work restrictions that are in line with OHS guidelines for team members, and volunteers with transmissible infections.	G	Yes	
7.5	Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	G	Yes	

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7.6	There are policies and procedures for disposing of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers.	G	Yes	
7.7	Safety engineered devices for sharps are used.	G	Yes	
8.1.1	Team members and volunteers are provided with education about the hand-hygiene protocol.	G	Yes	
8.2	There is a process to select and review products for hand hygiene, including alcohol-based hand rubs and hand soaps.	G		
8.3	Team members, client, families, and volunteers have access to alcohol-based hand rubs at the point of care.	G	Yes	
8.4	Team members, and volunteers have access to dedicated hand-washing sinks.	G		
8.5	Reminders are posted about the proper techniques for hand-washing and using alcohol-based hand rubs.	G		
8.6.1	Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: <ul style="list-style-type: none"> <li>• Team members recording their own compliance with accepted hand-hygiene practices (self-audit).</li> </ul>	G	Yes	

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	<ul style="list-style-type: none"> <li>Measuring product use.</li> <li>Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance.</li> <li>Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).</li> </ul>			
8.6.2	Hand-hygiene compliance results are shared with team members and volunteers.	G	Yes	
8.6.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	G	Yes	
9.1	The areas in the physical environment are categorized based on the risk of infection to determine the necessary frequency of cleaning, the level of disinfection, and the number of environmental services team members required.	G	Yes	
9.2	Roles and responsibilities are assigned for cleaning and disinfecting the physical environment.	G		
9.3	There are policies and procedures for cleaning and disinfecting the physical environment and documenting this information.	G	Yes	
9.4	There are policies and procedures for cleaning and disinfecting the rooms of clients who are on additional precautions.	G	Yes	



ROP #	Criteria	Flag	High Priority	Remarks
12.1	There is a surveillance plan that is in line with applicable regulations, evidence and best practices, and organizational priorities.	G	Yes	
12.2.1	Health care-associated infection rates are tracked.	G	Yes	
12.2.2	Outbreaks are analyzed and recommendations are made to prevent recurrences.	G	Yes	
12.2.3	Information about relevant health care-associated infections and recommendations from outbreak reviews are shared with team members, senior leadership, and the governing body.	G	Yes	
12.3	There is a process to promptly detect suspected health care-associated infections in the organization.	G	Yes	
12.4	There is access to a microbiology laboratory that offers expertise to the organization about identifying health care-associated infections.	G	Yes	
12.5	Those responsible for receiving and responding to information about suspected health care-associated infections are identified.	G		
12.6	The source or cause of health care-associated infections is investigated.	G	Yes	

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12.7	There are policies and procedures to contain and prevent the transmission of microorganisms by applying routine practices to all clients and additional precautions as necessary.	G	Yes	
12.8	IPC or public health experts are consulted with to control health care-associated infections, and the necessary information is reported to the appropriate authorities in line with the applicable regulations.	G	Yes	
12.9	Standard definitions and accepted statistical techniques are used to share and compare information about health care-associated infections.	G		
12.10	The results of investigations are used to improve programs, policies, or procedures, and to prevent health care-associated infections from recurring.	G		
13.1	There are policies and procedures for identifying and responding to outbreaks in line with applicable regulations.	G	Yes	
13.2	Team members and volunteers are provided with access to policies and procedures for identifying and managing outbreaks.	G	Yes	

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13.3	The organization collaborates with its partners, such as public health agencies, to define outbreaks in terms of person, place, and time.	G		
13.4	Policies and procedures address how to manage emerging, rare, or problematic organisms, including antibiotic-resistant organisms.	G	Yes	
13.5	There are policies and procedures about the roles and responsibilities of team members, and volunteers who are involved in identifying and managing outbreaks.	G		
14.2	IPC performance measures are monitored.	G		